

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CareSource Management Services Co. PAC

ADDRESS (number and street)

230 N. Main Street

☐ Check if different than previously reported. (ACC)

Dayton

OH

45402

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00424879

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

06

2012

in the State of

OH

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2012

through

10

17

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Cushman

Signature of Treasurer

Nancy Cushman

[Electronically Filed]

Date

10

19

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareSource Management Services Co. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		17794.74
(b) Cash on Hand at Beginning of Reporting Period.....	25244.56	
(c) Total Receipts (from Line 19)	1479.98	23979.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26724.54	41774.54
7. Total Disbursements (from Line 31)	350.00	15400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26374.54	26374.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareSource Management Services Co. PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1469.98	19714.88
(ii) Unitemized	10.00	4264.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1479.98	23979.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	1479.98	23979.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	1479.98	23979.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	1479.98	23979.80

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	350.00	14900.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	350.00	15400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	350.00	15400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1479.98	23979.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1479.98	23979.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Daniel Joseph McCabe

Mailing Address 230 N Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800069

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Amy Elizabeth Francis

Mailing Address 230 N Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Dir Conf & Member Benefit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.63

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800070

Amount of Each Receipt this Period

43.33

Full Name (Last, First, Middle Initial)

C. James A. Gartner

Mailing Address 230 N Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

VP Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800071

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

348.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Samuel Thomas George

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800072

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

B. Scott E. Graham

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Director of Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800073

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Katherine M. Leff

Mailing Address One Dayton Centre
One S. Main St.

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Director, Spec Investigations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800074

Amount of Each Receipt this Period

43.33

SUBTOTAL of Receipts This Page (optional)..... ►

198.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Linda A Lemoine

Mailing Address 230 N Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Director of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800075

Amount of Each Receipt this Period

433.30

Full Name (Last, First, Middle Initial)

B. Steve Lucht

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800077

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Stephen J. Makovec

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Director of Provider Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800078

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

123.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Jessica Marie Mead

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Legislative Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800079

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David R. Mezzanotte

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Vice President Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800080

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jenny Rebecca Michael

Mailing Address 230 N Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Director, Corporate Comm. & Public Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : 6800081

Amount of Each Receipt this Period

43.33

SUBTOTAL of Receipts This Page (optional)..... ►

193.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Cheryl A Slagle

Mailing Address 230 North Main Street

City State Zip Code
 Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

VP Health Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.30

Date of Receipt

M M / D D / Y Y Y Y Y
 10 10 2012

Transaction ID : 6800082

Amount of Each Receipt this Period

43.33

Full Name (Last, First, Middle Initial)

B. Jude Jonas Thom

Mailing Address 230 N Main Street

City State Zip Code
 Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Group

Occupation

Director of Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.97

Date of Receipt

M M / D D / Y Y Y Y Y
 10 10 2012

Transaction ID : 6800083

Amount of Each Receipt this Period

43.33

Full Name (Last, First, Middle Initial)

C. Terence Paul Torbeck

Mailing Address 230 North Main Street

City State Zip Code
 Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

CareSource Management Services

Occupation

VP/Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 17 2012

Transaction ID : PR7753194638

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

126.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Pamela Morris

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareSource Management Services

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR7753204638

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Janet R. Grant

Mailing Address 230 N Main St

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareSource Management Services

Occupation
EVP External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR7753214638

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Nancy Brady

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareSource Management Services

Occupation
VP, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR7753254638

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Maureen Pero

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareSource Management Services

Occupation
VP, Government Affairs&Stratgy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7753414638

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Leo T Thomas III

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareSource Management Services

Occupation
Sr Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1660.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7753564638

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Pamela Tropiano

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareSource Management Services

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR7753574638

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Craig S Thiele

Mailing Address 230 N. Main Street

City State Zip Code
Dayton OH 45402

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareSource Management Services

Occupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : PR7904034638

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

1469.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Bill BeagleMailing Address 115 S. Tippecanoe Drive
P.O. Box 342

City Tipp City State OH Zip Code 45371

Purpose of Disbursement
Bill Beagle, STATE SENATE 5th OH

Candidate Name

OH Sen. Bill Beagle

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		03		2012

Transaction ID : 6777290

Amount of Each Disbursement this Period

350.00

Bill Beagle, STATE SENATE 5th OH

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

350.00

350.00
